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Service (sector) Cornea and External Disease N° CEP

CYCLOSPORINE A 2% ON THE TREATMENT OF SEVERE FUNGAL KERATITIS

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Purpose: To report the results of penetrating keratoplasty associated with topical Cyclosporine A 2% in patients with severe fungal keratitis after medical management failure. **Methods:** A prospective study of 10 patients with diagnosis of severe fungal keratitis that underwent tectonic keratoplasty associated with the post-operative use of topical Cyclosporine A from January 2000 to March 2001. All cases had diagnosis of fungal infection by microbiologic analysis and medical treatment with antifungal drugs was unsuccessful. **Results:** 10 patients were included, of whom 8 were males, with a mean age of 44 years (range From 20 to 84 y). A filamentous fungus was identified in all patients, being *Fusarium* sp in 9 and *Aspergillus* sp in 1. All patients were treated with oral Ketoconazole and topical Natamycin and in 4 patients Amphotericin B was used as well. The indications For tectonic Keratoplasty included imminent perforation in 7 cases (70%), failure of medical management with progression of infection in 2 cases (20%) and corneal perforation in 1 case (10%). All patients received topical Cyclosporine A 2% four times/day postoperatively. The mean follow-up time was 9.4 months (range 6-15 mo). Three cases (30%) had more than one tectonic Keratoplasty. The histopathological study of corneal fragments was positive for fungal infection in 6 cases (60%). Visual acuity was improved or maintained in 40% of cases. Eight patients (80%) developed corneal opacification and 2 patients (20%) were eviscerated. **Conclusion:** Despite an accurate diagnosis and appropriate antifungal treatment, severe fungal Keratitis has a poor prognosis. All our patients failed medical therapy and required penetrating Keratoplasty associated with topical use of cyclosporine A 2%. Most of patients ended with poor visual acuity, however, ocular globe structure was maintained in 80% of cases.